## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                              |                                   |                          |                  |                 |           |
|--|-----------------------------------|--------------------------|------------------|-----------------|-----------|
| 1 Date of Request: 02/02/09 2 Serial/Patent # 6201609      |                                   |                          |                  |                 | 6201609   |
| 3 Please refund the following fee(s):                      |                                   | 4 PAI<br>NUM             | ER<br>IBER       | 5 DATE<br>FILED | 6 AMOUNT  |
|  | Filing                            |                          |                  |                 | \$        |
|  | Amendment                         |                          |                  |                 | \$        |
|  | Extension of Time (2253)          |                          |                  |                 | \$        |
|  | Notice of Appeal/Appeal           |                          |                  |                 | \$        |
| Х  | Petition (1462)                   |                          |                  | 07/14/08        | \$ 200.00 |
|  | Issue                             |                          |                  |                 | \$        |
|  | Cert of Correction/Terminal Disc. |                          |                  |                 | \$        |
|  | Maintenance                       |                          |                  |                 | \$        |
|  | Assignment                        |                          |                  |                 | \$        |
|  | Other                             |                          |                  |                 | \$        |
|  |                                   | 7 TOTAL AMOUNT \$ 200.00 |                  |                 | \$ 200.00 |
|  |                                   | 8 TO BE REFUNDED BY:     |                  |                 |           |
| 10 REASON:   |                                   | Х                        | X Treasury Check |                 |           |
|  | Overpayment                       | Credit Deposit A/C #:    |                  |                 |           |
|  | Duplicate Payment                 |                          | 9                |                 |           |
| X  | No Fee Due (Explanation):         | L                        |                  |                 |           |
| Pet. Granted   |                                   |                          |                  |                 |           |
|  |                                   |                          |                  |                 |           |
|  |                                   |                          |                  |                 |           |
| 11 REFUND REQUESTED BY:                                    |                                   |                          |                  |                 |           |
| TYPED/PRINTED NAME: Charlema Grant                         |                                   |                          | 1                | TITLE:          | Atty      |
| SIGNATURE: /Charlema Grant/                                |                                   |                          |                  | PHONE:          | X-3215    |
| OFFICE:  |                                   |                          |                  |                 |           |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: DATE: |                                   |                          |                  |                 |           |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B